

BAPSI

Behavioral Assessment of Pain Screening Instrument

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Instructions:

The following survey is concerned with how your pain has changed your life. You will be presented with a series of statements. For each statement select the one answer that best describes how much you agree or disagree with the statement. For example, if you strongly agree with an item, answer 5, 6, or 7. If you strongly disagree with an item, answer 0, 1, or 2. If you moderately agree or feel neutral about an item, answer 3 or 4.

Remember to answer all questions and be as accurate as you can

Please read the above instructions before beginning

Name (print clearly): _____

Today's date: _____

Social Security #: _____

	<u>Strongly Disagree</u>							<u>Strongly Agree</u>		
1. I'm not as physically strong as I used to be before developing pain	0	1	2	3	4	5	6	7		
2. I avoid situations that might make my pain worse	0	1	2	3	4	5	6	7		
3. I don't have as much energy as I used to before developing pain	0	1	2	3	4	5	6	7		
4. I do not sleep as well as I used to before developing pain	0	1	2	3	4	5	6	7		
5. I take prescription pain medication daily	0	1	2	3	4	5	6	7		
6. I'm not as physically active as I used to be before developing pain	0	1	2	3	4	5	6	7		
7. I have felt stressed during the past week	0	1	2	3	4	5	6	7		
8. I have been to the emergency room in the past 6 weeks because of my pain	0	1	2	3	4	5	6	7		
9. I have been off work more than 6 weeks because of my pain	0	1	2	3	4	5	6	7		
10. I have lost interest in many activities I used to enjoy	0	1	2	3	4	5	6	7		
11. I am having difficulty taking care of my responsibilities because of my pain	0	1	2	3	4	5	6	7		
12. I find it difficult motivating myself to do things	0	1	2	3	4	5	6	7		
13. I use alcohol to cope with my pain	0	1	2	3	4	5	6	7		
14. I have experienced feelings of sadness and depression during the past week	0	1	2	3	4	5	6	7		
15. My sex life is not as satisfying as it used to be before developing pain	0	1	2	3	4	5	6	7		
16. My pain has caused problems in my marriage/relationship	0	1	2	3	4	5	6	7		
17. I've visited a doctor, chiropractor, or physical therapist more than 10 times in the past month because of my pain	0	1	2	3	4	5	6	7		

	<u>Strongly Disagree</u>				<u>Strongly Agree</u>			
18. Over the past week, I have felt useless and inadequate	0	1	2	3	4	5	6	7
19. My pain problem is more than I can handle	0	1	2	3	4	5	6	7
20. I worry about re-injuring myself	0	1	2	3	4	5	6	7
21. I have felt irritable during the past week	0	1	2	3	4	5	6	7
22. I am not able to work as well as I used to before developing pain	0	1	2	3	4	5	6	7
23. I cannot do my chores around the house as well as I used to before developing pain	0	1	2	3	4	5	6	7

	<u>No Pain At All</u>					<u>A Great Deal of Pain</u>					
24. Rate, on the average , any pain you might have had during the last week	0	1	2	3	4	5	6	7	8	9	10
25. Rate, at its least , any pain you might have had during the last week	0	1	2	3	4	5	6	7	8	9	10
26. Rate, at its worst , any pain you might have had during the last week	0	1	2	3	4	5	6	7	8	9	10